TRANSMITTAL UNDER 37 CFR 1.53(b)			ATTORNEY DOCKET 83574ANAB Customer No. 01333		
To: Commissioner for Patents			Express Mail Label No.		
P.O. Box 1450			777 4024 0 54 F Y O		
Alexandria, VA. 22313-1450			EV 293510517 US		
A FAMILIAL LENTICULAR IMAGE			Date: December 2,2003		
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First Named Inventor (or Application Identifier):					
Nelson A. Blish, et al				510	
,					<u> </u>
Enclosed are: 1. X Specification			6. Assignment of the invention to		
2. 7 Sheet(s) of drawing(s)			7. Certified copy of a priority		
3. Information Disclosure Statement Under 37 CFR			8. Associate Power of Attorney		
1.97.					
4. Combined Declaration for Patent Application and Power of Attorney: 4a. New					
4b. X Copy from a prior application (37 CFR 1.63(d) (for continuation/divisional with Box 11 completed)					
5. Incorporation by Reference (useable if Box 4b is 9. Deletion of Inventor(s).					
checked) The entire disclosure of the prior application, from Signed statement attached deleting inventor(s) named					
which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying 1.33(b).					
application and is hereby incorporated by reference therein.					
10. If a 111A application prior to examination of the above-identified application, amend the specification at Page 1,					
after the title, by inserting the following:CROSS REFERENCE TO RELATED APPLICATION					
Reference is made to and priority claimed from U.S. Provisional Application Serial No.,					
filed, entitled. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:					
11. Continuation X Divisional Continuation-in-part (CIP) of prior application No: 10/011,662					
12. X Please address all written communications to Mark G. Bocchetti, Patent Legal Staff,					
Eastman Kodak Company, 343 State Street, Rochester, NY 14650-2201.					
Please Direct all telephone calls to Nelson A. Blish at 585-588-2720.					
The filing fee has been calcula		NO EXTEN	A DAME	FEE	
FOR: BASIC FEE	NO. FILED	NO. EXTR.	A RATE		770
TOTAL CLAIMS	10 - 20 =	-10	x 18 =		\$0
INDEPENDENT CLAIMS	2 - 3 =	-1	x 86 =		\$0
MULTIPLE DEPENDEN	11 CLAIM PRESEN	TED	+ 29		\$ 0 770
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X Please charge my Eastman Kodak Company Deposit Account No. <u>05-0225</u> in the amount of \$ 770					
A duplicate copy of this sheet is enclosed The Commissioner is hereby authorized to charge any additional filing fees required under					
37 CFR 1.16 or credit any overpayment to Eastman Kodak Company Deposit Account No. 05-0225.					
A duplicate copy of this sheet is enclosed.					
				I fund	_
Nelson A. Blish/tmp	orney for Applicants				
-				. 29,134	
Facsimile: 585-477-4646		- 2		•	